Fill in this inform	ation to identify your case:	
Debtor 1	Silas Daniel Elkins	
Debtor 2 (Spouse, if filing)	Staci Marie Elkins	
United States Ba	ankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number	1:19-bk-02824	Check if this is:
(If known)		An amended filing  A supplement showing postpetition chapter 13 income as of the following date:
Official E	ormo 10Cl	

## Official Form 106I

## Schedule I: Your Income

12/15

MM / DD/ YYYY

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

rt 1: Describe Employment			
Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Business Banker	Front Desk Team Lead
Include part-time, seasonal, or self-employed work.	Employer's name	First National Bank of Pennsylvania	Greater Chesapeake Hand Specialists
Occupation may include student or homemaker, if it applies.	Employer's address	One F.N.B. Boulevard Hermitage, PA 16148	1400 Front Avenue Suite 100 Lutherville Timonium, MD 21093
	How long employed the	nere? 2 months	4 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,080.98 4,333.33 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4.333.33 3.080.98

Page 1 of 5

Main Document

Case number (if known)

1:19-bk-02824

Copy line 4 here					Fo	For Debtor 1		Debtor 2 or n-filing spouse	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund for voluntary contributions for voluntary con		Сору	line 4 here	4.	\$	4,333.33			<u> </u>
56. Mandatory contributions for retirement plans 56. Voluntary contributions for retirement plans 56. No. 100	5.	List a	all payroll deductions:						_
55. Mandatory contributions for retirement plans   50. \$ 0.00 \$ 154.05		5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,234.33	\$	552.50	)
56. Required repayments of retirement fund loans 56. In John St. 0.00   \$ 0.00 56. Insurance 56. Se. 64.05   \$ 276.64 57. Domestic support obligations 58. In John dues 59. Union dues 59. Union dues 59. Union dues 59. Union dues 59. Sh. 0.00   \$ 0.00 59. Union dues 59. Sh. 0.00   \$ 0.00 59. Union dues 59. Sh. 0.00   \$ 0.00 59. Other deductions. Specify: 50. Sh. \$ 0.00   \$ 0.00 50. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. \$ 6. \$ 1,298.38   \$ 983.19 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,034.95   \$ 2,097.79  1. List all other income regularly received: 1. List all other income regularly received: 1. List all other income regularly received: 1. List all other income regularly and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 1. Return the second of the total monthly income. 2. Sh. Interest and dividends 2. Sh. Interest and dividends 3. 0.00   \$ 0.00 3. 0.00 3. 0.00 3. 0.00 3. 0.00 4. Sh. Interest and dividends 3. Sh. Interest and d		5b.	Mandatory contributions for retirement plans	5b.	\$		\$		_
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5f. Domestic support obligations 5g. Union dues 5g. S. 0.00 \$ 0.00 5g. Un		5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	)
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,298,38 \$983,19 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$3,034,95 \$2,097,79  8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsides.  8pecify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 2018 Tax Refund 1/12 8h. \$18.29 \$0.00 \$0.00  8h. Other monthly income. Specify: 2018 Tax Refund 1/12 8h. \$18.29 \$18.29  Hampton Inn Daughter and Family Contribution 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$143.29  10. Calculate monthly income. Add lines 8a-rbb+8c+8d+8e+8f+8g+8h. 9. \$143.29  11. *\$2,317.08 *\$5,495.3  **Combined monthly income. No. \$10.00  **Combined monthly income. Add lines 8a-rbb-8c+8d+8e+8f+8g+8h. 9. \$143.29  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  10. Do you expect an increase or decrease within the year after you file this form?		5e.	Insurance	5e.	\$	64.05	\$	276.64	<u> </u>
Sh. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$ 1,298.38 \$ 983.19  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 3,034.95 \$ 2,097.79  8. List all other income regularly received:  8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8b. \$ 0.00 \$ 0.00  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. \$ 0.00 \$ 0.00  8e. Social Security  8. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: 2018 Tax Refund 1/12 8h.+ \$ 18.29 + \$ 18.29 Hampton Inn  Daughter and Family Contribution  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 143.29 \$ 219.29  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 143.29 \$ 2,317.08 = \$ 5,495.3 Combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  10. Do you expect an increase or decrease within the year after you file this form?		5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	<u> </u>
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Hampton Inn  Daughter and Family Contribution  Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  Daughter and Family Contribution  10. \$ 125.00 \$ 125.00  11. \$ 219.29  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.0  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 5,495.3  Combined monthly income.  No.		8g.	Pension or retirement income	 8g.	\$	0.00	\$	0.00	)
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13. Do you expect an increase or decrease within the year after you file this form?  No.									
☐ Yes. Explain:	13.	Do yo		?				month	.,
			Yes. Explain:						

Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Silas Daniel	Elkins			Chec	k if this is:	
							An amended filing	
	otor 2 ouse, if filing)	Staci Marie	Elkins					wing postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: MIDDL	E DISTRICT OF PENNSY	LVANIA	=	MM / DD / YYYY	
1	nown)	19-bk-02824						
0	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	nses				12/15
info	ormation. If m		eded, atta	. If two married people and the same is th				
	t 1: Desci	ribe Your House	ehold					
1.	_							
	□ No. Go to		in a sonar	ate household?				
	_		ııı a sepai	ate nousenoid:				
	■ N		st file Offic	ial Form 106J-2, <i>Expenses</i>	for Separate House	hold of Deb	tor 2.	
2.	Do you hav	e dependents?	□No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.			Granddaughte	r	4	■ Yes
					Grandson		7	□ No ■ Yes
					<u> </u>		- <del>-</del>	■ res
					Granddaughte	r	8	■ Yes
								□ No
					Granddaughte	r	10	■ Yes
								□ No
					Granddaughte	r	13	■ Yes
					Daughter		18	□ No
					Daugittei			■ Yes □ No
					Son		22	■ Yes
								□ No
					Daughter		30	■ Yes
					Son-In-Law		35	□ No ■ Yes
3.	expenses o	penses include f people other t d your depende	han _	l No l Yes				
Par	t 2: Estim	ate Your Ongoi	ng Month	ly Expenses				
Est	imate your ex	xpenses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
		se naid for with	non-oook	government assistance i	f vou know			
the		h assistance an		cluded it on <i>Schedule I:</i> )			Your exp	enses

Schedule J: Your Expenses

page 1

Official Form 106J

	otor 1 otor 2	Silas Daniel Elkins Staci Marie Elkins	Case num	nber (if known)	1:19-bk-02824		
4.		rental or home ownership expenses for your residence. Include first mortgage nents and any rent for the ground or lot.	e 4.	\$	1,247.00		
	If not included in line 4:						
	4a.	Real estate taxes	4a.	\$	0.00		
	4b.	Property, homeowner's, or renter's insurance	4b.	\$	0.00		
	4c.	Home maintenance, repair, and upkeep expenses	4c.	\$	100.00		
	4d.	Homeowner's association or condominium dues	4d.	\$	0.00		
5.	Addi	itional mortgage payments for your residence, such as home equity loans	5.	\$	0.00		

Debtor   Stack Marie Elikins	Deb	otor 1	Silas Daniel Elkins							
8a. Electricity, heat, natural gas 8b. Water, sewer, garbage collection 8c. Telephone, cell phone, Internet, satellite, and cable services 8c. S. 465,00 8d. Other, Specify. 8d. \$ 0.00 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. S. 0.00 9. Clothing, laundry, and dry cleaning 9. S. 80,00 10. Personal care products and services 10. S. 100,00 11. Medical and dental expenses 11. S. 175,00 12. Transportation, Include gas, maintenance, bus or train fare. 12. S. 360,00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S. 75,00 14. Charitable contributions and religious donations 14. S. 0.00 15. Insurance. 16. Death of the surance deducted from your pay or included in lines 4 or 20. 16. Life insurance. 17. Life insurance. 18. Life insurance 19. Vehicle insurance 19. Vehicl	Deb	tor 2	Staci Marie Elkins	Case num	ber (if known)	1:19-bk-02824				
8a. Electricity, heat, natural gas 8b. Water, sewer, garbage collection 8c. Telephone, cell phone, internet, satellite, and cable services 8c. S. 465,00 8d. Other, Spacety. 8d. S. 0,00 7. Food and housekeeping supplies 9. S. 1,700,00 9. Clothing, laundry, and dry cleaning 9. S. 80,00 10. Personal care products and services 10. S. 100,00 10. Personal care products and services 11. S. 100,00 10. Personal care products and services 11. S. 100,00 11. Medical and dental expenses 11. S. 175,00 12. Transportation, include gas, maintenance, bus or train fare. 12. S. 360,00 13. Entertainment, cludes, recreation, newspapers, magazines, and books 13. S. 75,00 14. Charitable contributions and religious donations 14. S. 0,00 15. Insurance. 16. Charitable contributions and religious donations 16. Lie contributions and religious donations 17. Insurance 18. S. 204,86 19. Vehicle insurance deducted from your pay or included in lines 4 or 20. 19. Vehicle insurance 19. Vehicle insurance 19. S. 9,00 19. Vehicle insurance 19. Vehicle insurance 19. S. 9,00 19. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 19. Car payments for Vehicle 1 17. Car payments for Vehicle 1 17. Car payments for Vehicle 2 18. Vour payments or Vehicle 1 19. Vour payments or Vehicle 2 19. Vour payments or Vehicle 2 19. Vour payments or Vehicle 1 19. Vour payments or Vehicle 2 19. Vour payments or Vehicle 1 19. Vour payments or Vehicle 2 20. Properly, homeowork's, or rentar's insurance 20. S. 0,00 20. Percle property expenses not included in lines 4 or 5 of this form or on Schedule Expur Income. 21. Other: Specify: 22. Calculate your monthly expenses from line 22c above. 23. Capy line 22 (monthly expenses for Debtor 2), if any, from Official Form 1061-2 23. Capy line 22 (monthly expenses for Debtor 2), if any, from Official Form 1061-2 24. Do you expect an increase or decrea	0	0 11000								
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6 d. Other. Specify:  7 Food and housekeeping supplies  7 S 1,700,00  8 Childcare and children's education costs  8 S S 0,00  9 Citching, laundry, and dry cleaning  9 S S 8 80,00  10 Personal care products and services  10 S 100,00  11 Medical and ental expenses  11 S 175,00  12 Transportation, include gas, maintenance, bus or train fare.  Do not include care payments.  12 S 360,00  13 S 75,00  14 Charitable contributions and religious donations  14 S 0,00  15 Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15 Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15 Insurance.  15 S 197,00  15 Taxes, Do not include insurance specify:  15 Taxes Do not include insurance.  15 S 294,86  15 D Health insurance.  15 S 0,00  15 Taxes Do not include insurance.  15 S 0,00  15 Taxes Do not include insurance.  15 S 0,00  15 Taxes Do not include insurance.  15 S 0,00  16 Taxes Do not include insurance.  15 S 0,00  17 Taxes Do not include insurance.  16 S 0,00  17 Taxes Do not include insurance.  17 Taxe or payments for Vehicle 1  17 Taxes Do not include insurance.  17 Taxes Do not include insurance.  17 Taxes Do not include insurance.  18 S 0,00  19 Taxes Do not include insurance.  10 Taxes Do not include insurance.  11 Taxes Do not include insurance.  12 Taxes Do not include insurance.  13 Taxes Do not include insurance.  14 Taxes Do not include insurance.  15 Taxes Do not include insurance.  16 S 0,00  17 Taxes Do not include insurance.  17 Taxes Do not include insurance.  18 S 0,00  19 Taxes Do not include insurance.  19 Taxes Do not include insurance.  10 Taxes Do not include insurance.  10 Taxes Do not include insurance.					,					
7.   Social and housekeeping supplies   7.   S   1,700.00   9.   Clothing, laundry, and dry cleaning   9.   S   80.00   9.   Clothing, laundry, and dry cleaning   9.   S   80.00   9.   Clothing, laundry, and dry cleaning   9.   S   80.00   10.   Personal care products and services   10.   S   100.00   11.   Medical and dental expenses   11.   S   175.00   12.   Transportation, Include gas, maintenance, bus or train fare.   12.   S   360.00   13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   S   75.00   14.   Charitable contributions and religious donations   14.   S   0.00   15.   Insurance   5.   S   294.86   15.   Life insurance   15.   S   294.86   15.   Life insurance   15.   S   294.86   15.   Life insurance   15.   S   0.00   15.   China table insurance   15.   S   0.00   15.   Chind insurance   15.   S   0.00   15.   China table insurance   15.   S   0.00   16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   17.   Care payments for Vehicle   17.   S   473.29   17.   Care payments for Vehicle   17.   S   162.00   17.   China table insurance   17.   S   162.00   17.   Chiner, Specify:   17.   S   0.00   17.   Chiner, Specify:   17.   S   0.00   17.   Chiner, Specify:   17.   S   0.00   17.   Other, Specify:   17.   S   0.00   17.   Other, Specify:   17.   S   0.00   18.   Your payments for Vehicle 2   17.   S   0.00   19.   Other payments for Vehicle 2   17.   S   0.00   19.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments of year   S   S   S   S   S    20.   Other payments					·					
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